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BLACK TONGUE—ERYSIPELAS.

[THE following letter from Dr. John F. Henry, of Bloomington, Ill., to Dr. W. H. Tegarden, relates to a disease which has appeared in different parts of our country, and which, as exhibited in Vermont, was fully treated of in the last volume of this Journal by Dr. Jonathan A. Allen, of Middlebury. We find the letter in the Western Journal.]

Dear Sir,—Your letter of the 16th ult., requesting my views on the nature and treatment of the disease called the "*Black Tongue*," has remained unanswered, in consequence of my pressing engagements, growing out of the protracted prevalence of our epidemic. Having, on this day, only four cases on hand, three of which are convalescent, I propose entering into the subject with as much brevity as is consistent with a full understanding of its character and mode of treatment. And as names are of much importance in the practice of medicine, influencing, as you are well aware, nine tenths of the profession, I am compelled to tell you that our disease is not the "*black tongue*" at all! This may somewhat abate your anxiety to know about it; but when you learn its history you will say with me that it is one of the strangest epidemics that has ever visited any portion of our country. It commenced its ravages in Pekin, on the south-east side of the Illinois river, early in the last autumn, where its mortality is said to have been very great; but it did not present itself in this vicinity until January, and then in sporadic cases of widely different character. As the season advanced the cases became numerous, and, what is exceedingly singular, it seemed to fix on particular neighborhoods, where it lingered until all who were susceptible of its influence suffered attacks of greater or less malignity. As it declined in its first locality, other portions of the country fell under its sway. Its progress has been remarkably slow, and the space over which it has spread is very limited. It is understood that none of the towns on the north-west side of the Illinois have suffered at all, and that the extent of its ravages on the south-east side, has not exceeded a radius of fifty miles. Many believed it contagious; but this opinion has become, even here, an "obsolete idea." The persons most liable to its attacks have been females either in the puerperal state, or advanced in years, and men of feeble or deranged health. Children and robust persons have escaped almost entirely.

The symptoms were very diverse. It almost invariably commenced

with a chill succeeded by active febrile excitement, and accompanied with a variety of local affections, some of which were very troublesome, and all of which created in the minds of the people great apprehension and dread. The most common of these local affections, was an inflamed condition of the tonsils, and of the fauces generally, producing in some instances so great a swelling of the parts as to impede respiration, and almost to obstruct deglutition. This, in two instances which I have seen, extended to the tongue, enlarged it to two or three times its natural size, and this state of things has, I presume, given origin to the name by which you have heard it called. Erysipelas of the face, commencing on the nose, and extending from this, as a centre, until the whole face and ears, and anterior portions of the head and neck are involved, was also frequent. In those cases which fell under my observation, the erysipelas appeared on the hand and fore-arm. In several cases, after having appeared on the face, or in the throat, it fell on the arm-pit, producing very painful tumors of the axillary glands, which, after a protracted period, terminated in suppuration. I never saw it on the body, in the first instance, except in a very mild case. In two instances it caused a single blister on the fore-finger, about the size of a quarter of a dollar, so nearly resembling a burn, that my first impression was, that it had been caused by contact with the stove. In many cases, the local disease was a most painful affection of the collar bone, or the ankle bone, or of the fingers and toes, without any swelling of these parts. In one case as an original disease, and in two of relapse, in one of which the disease had first assumed the character of erysipelas of the face, and in the other of sore throat, a most painful and obstinate rheumatic affection displayed itself. In one most singular case the tonsils were greatly enlarged, and at the same time a very firm, but not painful tumor, of a very indolent character, extended from the ear to the clavicle, evidently composed of enlarged lymphatic glands. These were the primary local affections, but as secondary symptoms, we had inflammation of the membranes of the brain, lungs, and abdomen, the former producing stupor, the latter constituting pleurisy and peritoneal inflammation; and in several cases, suppuration of the tonsils, and of the glands of the arm-pit, and in one a deep-seated abscess beneath the fascia of the thigh.

A disease so eccentric cannot, perhaps, be designated by any name which would be unexceptionable. That it was epidemic admits of no dispute, as is in conformity to the laws which govern this class of diseases, it alone reigned during its prevalence. We know next to nothing of the causes which give a peculiar character to epidemics, but it is very certain that they are greatly under the influence of the common exciting and predisposing causes of disease. Thus women in a peculiar condition, and men of feeble health, were predisposed to our epidemic, and a period of damp, cold weather never failed to excite it in those susceptible of its influence; whereas a few days of sunny and cheerful weather put an immediate stop to its progress, and all who were sick became convalescent. I was in the habit of calling our disease *epidemic erysipelas*, and when the local affection was on the surface, or even in the

throat or tongue, I conceived the name strictly appropriate. When some deep-seated part bore the burden of disease, the term was equally proper, though its fitness was not quite so apparent. The history of a single case will illustrate this view of the subject.

I was called to a patient with sore throat and high fever. Under proper treatment the disease was dislodged from this part, and then suddenly, after a few days' respite, attacked the pleura costalis, from which it retreated to the cardiac orifice of the stomach or to the diaphragm. After hanging on this part, producing a most annoying hiccup for five days, it changed its location and appeared in genuine *erysipelas* on the face. After spreading for two or three days, during which there was an appearance of convalescence, it disappeared and seized on the membranes of the brain, producing, as I believe is always the case when *erysipelas* attacks those parts, great stupor, and under the combined influence of such frequent assaults the poor fellow sank. As in all the instances of epidemic *erysipelas* of which we have any record, women, in the puerperal state, were most exposed to its ravages; so it has been with us: the disease in such cases uniformly appearing in the form of *puerperal fever*. For some time scarcely any escaped, unless the medical treatment was commenced before the birth of the child, and continued until the milk secretion was fully formed.

The disease was inflammatory, and demanded, throughout its early stage, an active antiphlogistic treatment. In many cases the lancet could not be dispensed with, and I was often compelled to use it repeatedly. The blood was generally buffed. Local depletion was also of inestimable value. I was in the habit of scarifying the tonsils freely, and in the two cases of swollen tongue, I plunged my lancet into it boldly. The relief afforded by the abstraction of even a small quantity of blood in this way was very remarkable. The next remedy in point of time, if not of value, was an active emetic of tartar and ipecac., and this I have repeated several times in the progress of the disease. The next in value was the free exhibition of mercurial cathartics; these were given to change the secretions of the liver, which were always more or less deranged. Cook's pills, or a dose of calomel, or calomel combined with Dover's powder, or opium alone, succeeded by a dose of senna, after an interval of twelve hours, were the most common forms of exhibition. These were repeated and varied according to rules now well understood, until the secretions of the liver were changed. Simultaneously I directed stimulating liniments, sinapisms or blisters to the neighborhood of the local affection, or when it appeared on the surface, the blisters were applied to the part itself. I used the mercurial ointment and lunar caustic as a local application in a few cases, but with no satisfactory results. The lancet, the emetics, the mercurial cathartics, the occasional combination of calomel and opium, and the counter-irritants, were the great remedies, under a judicious use of which all cases would, I think, yield if commenced in time. The pulse ranged from 90 to 120, and in some puerperal cases to 160, and I believe in this, as in all other cases, the utility of bleeding was determined by the impression made on the pulse;

when it did good it reduced its *frequency* as well as its *force*. I scarcely ever bled without making my patient sit up, an invaluable rule of practice, for which the profession is indebted to Dr. Marshall Hall, and then I bled to incipient syncope. The tolerance of the loss of blood was in some cases great, in others but little, and I was governed in my use of the lancet by this circumstance. I should, perhaps, say more about puerperal cases, but there was nothing peculiar in the symptoms or treatment; the disease was, in the two cases which I saw, formed before the birth; most generally, however, it came on within three days after it, and then with a sudden chill, followed with rapid pulse, tenderness of the abdomen, headache and indomitable thirst. The lancet should be used in the first paroxysm, if at all—and hence the necessity of apprising the friends of the danger, that they may send for their medical attendant instantly on the occurrence of the chill. Calomel alone, or combined with anodyne sudorifics, could not be dispensed with, and the remark made by Dr. Gooch was confirmed by my observation, that where pyalism took place recovery was certain. But whether this was the cause or the indication merely of amendment, I confess my inability to decide. I ought perhaps to add, that the tendency in this epidemic to abortion was very strong, and in all the cases of which I have heard any particulars, the danger from hæmorrhage was alarming. The tongue was generally heavily coated with a moist, white or yellow fur, becoming in bad cases dark, dry and cracked. All of the symptoms pointed out the great derangements of the chilopoietic viscera, and any practice which overlooks the morbid condition of these organs must be exceedingly defective. In a few words, the circulation should be reduced, when it is too active, by the lancet; the stomach should be emptied by emetics, and the bowels freely and repeatedly discharged by mercurial cathartics; the local affection, whatever it is, should be attended to, by its appropriate remedies, already referred to, but it so invariably followed the condition of the system, that an improvement of this never failed to remove them.

I should not omit to state, that I saw a number of cases in which, during the progress of the disease, after the subsidence or removal of the more active stages, the circulation became so languid that I was compelled to resort to stimulants and tonics in free doses. But this took place most generally in cases which had been suffered to run their course pretty much without control. I would add further, that when the face was the seat of erysipelas, the danger was generally much less than when it seized on the throat, and in either situation the danger was comparatively less than when it fixed on a vital part. The danger in all cases was clearly indicated by the pulse; when this remained but slightly affected, the disease was generally mild. I may add that I saw no tendency in wounds or accidents to produce erysipelatous inflammation. While the disease was upon our borders, and during its prevalence, I saw a case of compound fracture of the leg, and one of gun-shot wound, besides having performed three operations of an important character, to say nothing of having used the lancet many times a day, and in none did I witness the slightest tendency to the disease. The only exception was an old



lady who had been badly burned, and who had heretofore suffered with erysipelas.

In conclusion, I ought to state, that when the disease assumed the rheumatic form, I found no change of remedies required, except a greater reliance on blisters, and a more free use of sudorific anodynes, combined with mercurials.

#### DR. C. J. B. WILLIAMS ON BILIOUS CHOLERA.

WE have now to consider the subject of *cholera*, which may be called a flux of the intestinal membrane. There are two kinds of cholera deserving of distinction, and which differ in their nature, their symptoms, and probably in their causes. One is of a bilious form, and the other is malignant or epidemic. The bilious cholera begins with pain in the abdomen, severe vomiting, and purging of a yellow or whitish liquid. The liquid, discharged upwards and downwards, appears to be of an irritating nature. There are severe cramps, not only in the abdomen, but likewise in the thighs and legs, and the effect of this, with the discharge, is to cause great prostration of strength. The distention of the abdomen is much complained of, and there is extreme thirst and often heat in the throat; the tongue is often dry and covered with a slight brown fur, and sometimes it is yellow and moist. The pulse is not much affected at first, but, as the disease goes on, it becomes very quick, small, irregular, and weak. In the more unfavorable cases, this weakness is excessive. There are, besides this, other proofs of the extreme feebleness of the circulation: the face becomes pale and blanched, the extremities are cold, and the breathing is hurried. Sometimes, after these symptoms, the flux will subside, and the patient may get better; but, at other times, there succeeds heat of the abdomen, the pulse increases in strength and becomes sharp, and, in fact, the various symptoms of inflammation of the intestines are developed. We find this with regard to a variety of other affections, also. In some instances, the disease proves fatal from exhaustion, even in the more common form. On examination after death, there has been found no organic change, and no trace of inflammation, nor any material change of the viscera. The intestines are remarkably bloodless, and the only changes to be met with, are ulcerated patches in Peyer's glands, and sometimes also in the isolated glands. This was remarkably the case where attacks of cholera prevailed at a school at Clapham; a cesspool had been opened, and the contents thrown in the garden, and a great number of the boys in the school were seized with this disease, in a very severe form, accompanied by great prostration of strength. Some of them died, and, on examination, there was found an enlargement and distinctive development of the glands, with these patches. The same thing occurs in malignant cholera. The causes of this disease are sudden changes of temperature, particularly in the summer and hot seasons; changes from heat to cold; hence, it comes on very commonly in the autumn; and, as I have mentioned in the case at Clapham, foul air may

produce it. Fevers of a typhoid kind often have their origin in cholera. In this case, the affection of the intestinal glands performs a prominent part. The importance of these, as organs of secretion, is not taken sufficiently into account. We are only apt to consider the intestinal tube as subservient to the passage of the feces; but there is no doubt at all, that the intestines are secreting organs; in fact, if these glands were gathered together in one mass, we should have an organ of large size, which would no doubt attract attention; as it is, they are scattered over a large surface, and have not attracted the attention deserved. Now, air that is deteriorated, specific poisons, such as that of fevers, the foul air of cesspools, and of other bad sources, affect these glands in an especial manner. This appears to be the natural cause of cholera. We find, too, that certain medicines, conveyed into the system, produce diarrhoea, no doubt by a sort of specific action on these glands. I have adverted to the fact that typhus fever affects especially these glands, and all these circumstances point out to us the specific purpose of these glands, which has not been sufficiently studied. I have mentioned that the action of poisons on the intestinal canal, particularly of arsenic, causes an undue development of these glands, just as in the case of cholera. These are very interesting matters, and I put them forward, without being able to draw any certain conclusions from them. The matter is one that will repay investigation.

The treatment of this disease is best conducted under the supposition of its being a flux; sometimes tending to relieve the system of the noxious matters which, if suffered to remain, would be injurious, but, at the same time, controlling the flux, which, when excessive, may exhaust the strength of the patient and prove fatal. Hence, in the mild form, it is necessary to use gelatinous diluents, and to keep the surface very warm. If the disease be excessive, and more particularly if it be accompanied by pain and spasms, it becomes an indication to diminish the excess of the flux, and quiet the pain: therefore we should give opium. Remember, however, there may be irritating matters in the intestines, and it is not desirable to deaden the sensibility so far as to arrest their function, until these irritating matters have been expelled; generally speaking, therefore, mercury should be cautiously given, to improve the intestinal secretions; then opium may be administered with ipecacuanha, to relieve the spasm. The painful feelings are very much allayed by heat applied to the abdomen and the extremities, particularly by dry heat: bags of hot sand, or any other powdered substance, applied to the abdomen or to the feet.—*Lond. Med. Times.*

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#### MILITARY HOSPITAL IN HAVANA.

THE military hospital, which has lately been established in what was formerly the Royal Factory of tobacco, is one of the finest in the world, both in regard to size and the neatness of its arrangements. The immense building is quadrangular, enclosing several separate squares, and

presenting without the appearance of a large fortress ; so massive and high are its walls, and so well secured all its inlets. It was here that all the cigars of Cuba were made, and its tobacco packed for exportation, when the trade in that article was monopolized by a chartered company under the government. It grew out of several royal establishments that existed as early as in 1727, and may be said to have been founded in 1740. Its capital was one million dollars, and in less than fourteen years the property owned by the establishment amounted to fourteen millions ; while so great was the number of men employed in manufacturing the tobacco, preparing the boxes, packing it, and superintending the whole, that the annual expense was \$46,000. The whole of these, to prevent their smuggling, lived within the building.

Having been presented to the Superintendent, by the porter, as a foreign physician desirous to visit the hospital, I was placed under the guidance of an attendant, with directions to him to show me every part of the building. I will not carry my reader with me through all its numerous lofty wards, each appropriated to the reception of a separate class of diseases ; nor by the prisons for the refractory, and the comfortable apartments for the insane ; the bathing rooms, where a large number of warm and cold, and shower-baths, could be given at the same time ; the apothecary's hall ; the cleanly-kept kitchen, and the separate room with furnaces to prepare chocolate and coffee ; the dispensary with its motley collection of candles, tin pans, cups, &c. ; the clothes-room with shelves laden with piles of white linen and flannels. I will not lead him through them all, lest he be as fatigued by the description as I was in traversing them. Indeed, although my guide kept me at a quick step the whole time, my visit occupied more than an hour. I cannot, however, refrain from noticing the ward for affections of the eyes. It was about two hundred feet long, forty wide, and twenty high ; and the light was admitted only through panes of green and blue glass, transmitting hues peculiarly grateful to the sight. The rooms for sick officers were better fitted up than those for the common soldier, but I saw only one lodger of a higher grade than a lieutenant, and his balcony commanded such a view of the harbor and country, that I really envied him the possession of his quarters.

The large central square was laid out in multiplied walks, with a cool fountain in the middle, and beds crowded with flowers of every variety ; forming a beautiful garden, on which the extensive, cool corridors for the convalescents looked down. Attached, also, to the hospital, and within the same building, was the Anatomical School of the medical college, with a fine museum, containing specimens of anatomy in wax, *papier maché*, and a few of the dried preparations of the human body, with others in alcohol. Adjoining the museum was a small amphitheatre for the students, and below a marble table for the subject of demonstration, while the walls around were appropriately hung with anatomical plates, presenting a complete picture of the human system.

The whole building covered a large space of ground, and whoever will visit it, and witness the scrupulous cleanliness and order that pervades every part of it—its well-ventilated and comfortable wards, its spacious

and cool corridors, and the attention that every where seems paid to the welfare of the sick inmates,—will feel his estimation of the Spanish character greatly enhanced. The physicians and officers of the different wards received me with the greatest courtesy, and my wishes were everywhere anticipated by their desire to show me everything. It contained in January, 1842, 480 patients, and received that year 5622. Of these, 5540 left it cured, and 204 died, leaving 358 in its wards in January, 1843.—

*Notes on Cuba.*

### SOME OBSERVATIONS REGARDING THE ECHINOCOCCUS AND ACEPHALOCYSTS.

By Thomas Hodgkin, M.D., London.

[Communicated to the National Institute, Washington, and forwarded by the Medical Department for insertion in the Boston Medical and Surgical Journal.]

THE name of *Echinococcus* has been applied to some forms of hydatid, which appear to be merely acephalocysts, the membranes of which are studded with opaque, elevated spots, presenting great variety both as to size and shape.

Of the character of these spots I am unable to speak positively, but as they are found on hydatids which are accompanied by others not similarly furnished, I cannot regard them as distinctive of genus or species, but rather suspect that they are the result of morbid changes in the hydatid cyst taking place during its development.

The name *echinococcus* has also been applied to the microscopic animalcules which have been discovered moving about like infusoria in the contained fluid of the acephalocysts. Of these animalcules several species have been described. They have been investigated, described and figured by pathologists as well as elmimthologists, in this and in other countries, amongst whom I need only mention Blizard, Curling, and Geo. Gulliver.

What is the relation which the cyst bears to these animalcules? Is it a material which, having no independent life of its own, is called into existence merely as the habitat of the animalcule, and therefore in some respects resembling the curious substance which is developed in the vegetable kingdom around the larvæ of different species of cineps? The analogy, however, cannot be strictly correct, as the nidus of the cineps is in organic connection with the plant, as much as its own leaves and fruit, whilst the membrane of the acephalocyst enclosing the *echinococcus* has no connection with the structure in which it is lodged. The absence of visible organization in the acephalocyst membrane, and the close relation which seems to be proved to exist between it and the *echinococcus* (seeing that the latter is not known to exist without it), seem to afford some plausibility to this view, and to lead us to regard the acephalocyst as merely a peculiar aggregation of animal matter taking place around the young *echinococcus* in the course of its development; yet it seems to be a most disproportionate nidus, bearing no determinate relation in its

magnitude to the number of echinococcus contained within it. Perhaps in most acephalocysts no echinococcus has been seen, but this is, in many instances, probably to be ascribed to their not having been specially sought for, and to their being too minute to arrest the attention of the casual observer. I have, however, sought in vain for the echinococcus in the fluid contained in the small but very perfect acephalocysts, and I have not detected anything like an echinococcus in the small spheroidal bodies developed in the parietes of the acephalocyst, and which on the hypothesis of their being the commencing nidus of an animalcule, should contain this as an ovum, or in some state of transition from it.

On the other hand, if we acknowledge the acephalocyst as itself a living individual, we seem brought to the necessity of regarding the echinococcus as a parasite to a parasite, in which case it would be remarkable that it should possess a higher organization than the animal which it inhabits. Some of the points regarding acephalocysts which I have related in my Lectures, and the distinct granular and imbricated elevations which I have since noticed on the surface of an acephalocyst, seem strongly to favor the idea of its individual animal character. The question is, after all, one which claims further unbiassed inquiry.

I have trusted that in my published Lectures I had been sufficiently guarded in my descriptions to prevent the adventitious serous membranes from being confounded with any other production of the human body, and more especially with acephalocyst hydatids, from which they are widely distinct, seeing that this hydatid, whether it be regarded as the lowest of animals, or a mere nucleated cell which has acquired inordinate dimensions, is a perfectly distinct and detached structure. The adventitious serous cyst, on the other hand, constitutes a truly super-added part of the original organization, to which it is not merely united by continuity of substance, but also by bloodvessels which are often numerous and large.

I was induced to lay the stronger stress on this very important and essential difference, in consequence of the theory of Dr. Barron, which calls in the aid of true hydatids as exhibited by the cases which he has cited in illustration. Notwithstanding this precaution, which I was induced to take from regarding the two affections as distinct as tapeworm and measles, I have observed that there is frequently a disposition to connect my views with those of Dr. Barron, and to regard them as merely a modification of his. The learned Professor Grose appears to have somewhat similarly misunderstood me, and whilst he describes the compound serous cysts as developing subordinate cysts in their parietes, he denies their connection with the solid adventitious structures with which I have associated them as a class, and observes that in their influence on neighboring structures they resemble tumors formed by the development of true hydatids. This statement is neither borne out by the mode of development, nor by the numerous cases which I have examined, of some of which I have published the details.

The true hydatid produces a more decidedly spheroidal tumor. Whilst absolutely detached from the structure in which it is lodged, it receives a

more or less dense covering or cyst, which appears to consist of a modification of cellular membrane, perfectly similar in its structure and character to that which surrounds a bullet or other foreign body, permanently lodged in the living textures. If any subsequent change is introduced, it is either the progressive thickening and induration of the cyst which may become loaded with bony matter, or it is more or less intense inflammation excited by the death of the enclosed hydatid, which thus gives rise to the production of a peculiar form of abscess. Or, if the hydatid die without exciting inflammation, its watery contents are absorbed, and the enclosing cyst contracts around the hydatid, which is folded up into a small compass, the enclosing sac becoming still further condensed, and the organ in which it is situated exhibiting a depression which is sometimes puckered, in the place of a smooth and spheroidal tumor. In nearly all the stages of the compound adventitious serous cyst, the phenomena are widely different. In the first instance there is no change in the surrounding structures beyond mere displacement, and when subsequently from great increase of dimension the surrounding cellular membrane is considerably increased, it does not present that peculiar condensed structure which belongs to cysts enclosing a foreign body. When inflammation happens to be set up in the adventitious growth, it is, for the most part, partial, being confined to one or more of the subordinate cysts, and when this inflammation spreads to neighboring parts, this is likewise partial, and very different in its effects from that produced by the true hydatid.

There are other differences which it is needless here to particularize, yet there is one which is both distinctive and important. In the loose cellular membrane around a tumor consisting of serous cysts, we may sometimes find very minute cysts possessing the same character, which is more frequently and remarkably the case when the tumor is of a malignant character—a fact which it is of great importance to bear in mind when extirpating a tumor of this description. Hence the necessity for extirpating the whole breast, although the recognizable scirrhus growth may not be larger than a nut. I have noticed that a breast containing such a tumor, though to the touch perfectly healthy, except being a little larger than its fellow, has, when removed from the body, been seen to contain a multitude of these small particles consisting of minute cysts. Nothing of the kind is seen around the condensed cellular cyst of an acephalocyst hydatid. On the other hand, the compound serous cysts afford nothing analogous to the acephalocyst, when folded up as a mass of dead matter in its contracted envelope.

It is by no means clear what is the actual character of the acephalocyst. Its apparently simple structure, devoid of all organization, yet possessing, to an extraordinary extent, the power of producing its kind, gives great plausibility to the conjecture advanced by Professor Owen, that the acephalocyst is a nucleated cell which has surpassed the normal bounds of its dimensions, and that it is, consequently, not to be regarded as a species of parasitical animal. I shall not attempt to put my judgment in competition with that of the talented professor, but, whilst agreeing with him as to the doubtful character of the acephalocyst, merely record a

few facts which seem to strengthen its claim to the rank of an independent animal.

In the first place, if we take a portion of an acephalocyst and compare it with a portion of a cinurus to which none of its manifestly organic parts are attached, I believe that the eye would not discover any perceptible difference. Again, if we take a cyst containing acephalocysts which have been corrugated and closely folded together, and compare it with another cyst in which the cysticercus has undergone the same change, we shall find that they so exactly resemble each other, that until you have unfolded the debris and discovered the head and neck of the cysticercus, it may be difficult to decide between them.

Whether we regard the acephalocyst as an entozoon, or a mere cell, we may perhaps be allowed to regard it (when existing as a transparent or translucent spherical body, filled with clear fluid, apparently growing itself and giving origin to similar individuals), as possessed of a mode of vitality, although we may not be able strictly to define in what this vitality consists. We may conveniently speak of it as living in this state, to distinguish it from another state in which it is flaccid, more or less altered in color and transparency, and a source of irritation to the texture in which it is lodged. In this latter or dead state, it still seems long to retain its peculiarities, whether in or out of the body; and its decay is not like that of any tissue in its perfect or imperfect state, or of any particled secretion immediately derived from the body, which one would expect would be the case, were it composed of the hyalin of nucleated cells belonging to man or other animal.

I have not often examined the texture of a recent acephalocyst with the microscope, but I have sometimes done so, and merely seen a manifestly lamellar structure, associated with distinct spherical bodies supposed to be an early stage of young acephalocysts. On one occasion, however, on examining a very recent and favorable specimen, I very clearly perceived that there was a well-defined granular surface, which, seen in one direction, exhibited a somewhat imbricated character, which seemed to give the acephalocyst membrane a still nearer resemblance to that of the cysticercus than I had known it to possess. I have repeatedly seen acephalocysts with a marked hour-glass contraction, seldom, however, taking place near the centre, but tending to produce chambers of very unequal capacity. It seemed, however, to bear a striking analogy to the spontaneous fissiparous generation of some infusoria.

London, 8th mo. 17, 1843.

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#### DIAGNOSIS OF ANEURISM AND TUMORS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In No. 10 of your Journal, October 9th, 1844, Vol. XXXI., the following question occurs, viz.—Are we always sure of our diagnosis in aneurism? In the summer of 1832, I was called in counsel, with several of the neighboring physicians of this place, in a case of lumbar abscess, which made its appearance in the groin, over the crural



artery. It was obscure and its nature doubtful; or at least it was considered so by most of the council. They were much divided in their opinion as to the nature of the case. Some considered it to be a case of hernia, others an aneurism of the crural artery, and others an abscess. What rendered the case more interesting, was, the patient had very lately been before a council in Lowell, Mass., which did not see fit to decide as to the nature of the disease. It was observed by some one of the council (I cannot now say whom), could there not be some instrument to ascertain the contents of this tumor? I was sensibly struck with the importance of the observation, as I occasionally had cases which to me were uncertain and perplexing; but I was not so fortunate as to hit upon any method by which I could determine their nature, till in the summer of 1835, being called to open an abscess of the right lung, I made use of the stilet and canula for the first time; and soon after I was called to operate for aneurism (as was supposed) of the carotid artery; but as I had doubts respecting the nature of the case, I first introduced the stilet and canula, and the pus adhering to the stilet showed the disease to be an abscess. So I think the question has long since been determined, viz., that with the stilet and canula the diagnosis is sure.\* But the case to which this refers was finally found to be a tumor of the neck.

Can the diagnosis in tumors be made equally certain by the same instrument? I think it may; when the stilet enters the cavity of an abscess, it may be known that it contains a fluid, as it may be seen on the point of the stilet; and there will be a want of resistance as soon as the stilet enters the cavity of the abscess or aneurism, which will not be the case with the solid tumor; as the resistance will be equal or nearly so throughout its whole substance; and there will be no discharge of blood from the small vessels on the surface of the tumor, as in the case referred to, as no blood can pass the sides of the canula.

Since composing the above, I have seen an account in the *Boston Medical and Surgical Journal*, Vol. XXXI., No. 14, page 238, of an instrument for exploring the chest, in cases of hydrothorax and many other forms of obscure disease. The instrument was contrived by Dr. Babington, of Guy's hospital, London. That the stilet and canula are calculated greatly to improve the practice of surgery, I have had strong expectation. By it, I should think may be explored most collections of matters, and even tumors of the thorax, abdomen, brain, &c., and to a certain extent their nature ascertained. The present form of the instrument may be materially improved, so as not only to ascertain these collections, but to evacuate them when they are found to exist. Such as encysted dropsies, internal abscesses, depositions of blood and serum, urine and blood from the bladder in suppression of urine, &c. The instrument, after it has entered the cavity of an abscess, may be enlarged to treble or quadruple of its present diameter, by having its sides overlap, and by introducing the point of a syringe or a probe. And the matter may be discharged from the abscess, or other collections of blood, serum,

\* See my account of the stilet and canula in the *Boston Medical and Surgical Journal* of Feb. 27, 1839, vol. xx., No. 3, p. 43.

urine, &c., by introducing the point of a syringe into the canula after it has been enlarged, or the canula may be fitted to a small air pump, such as we sometimes use in cupping.

JOB WILSON.

Franklin, N. H., Dec. 2d, 1844.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 18, 1844.

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*Rhode Island State Prison Annual Report.*—It so happens that the Warden of this prison is a medical man—Dr. Thomas Cleveland—whose report to the Legislature is such a paper as might be expected from an educated physician. He speaks of solitary imprisonment, which appears to have had a fair trial under his management, and which he decidedly condemns. A large part of his report relates to this subject, and we cannot refrain from copying a portion of it.

"Of the *forty* prisoners," he says, "committed while the strictly solitary system was in operation, ten, or one-fourth of the whole number (two of whom were blacks), manifested decided symptoms of derangement; seven so much so, as to unfit them for labor for a longer or shorter period; and five were discharged insane, two of whom recovered, and three now remain unrestored to a sound state of mind.

"Of the *nineteen* committed since the system was abandoned, three only, two whites and a black, have shown symptoms of derangement. One of them was recommitted in about twelve months after his discharge, and who relapsed into his former condition about the fourth month of confinement. One other, a black, was so much deranged as to disqualify him for labor, his health at the same time being much impaired, though good when committed. He died of dropsy of the chest in the tenth month of his imprisonment, and in the sixth week of his being so far deranged as to unfit him for labor. The third is in tolerable good health, and is not disqualified for work, though laboring under constant anxiety, depicted in his countenance, from the hallucination that he is visited by tempters, whispering in his ear the suggestion to commit some criminal act. He showed symptoms of derangement about the sixth month of confinement.

"I would here remark, from all the observations that I have been able to make, that but few men, and those strongly constituted, can be subjected to the discipline of solitary imprisonment, as it was here established, without becoming, sooner or later, through its depressing effects, more or less debilitated in some of their physical and mental operations; and I have not the least doubt, that under this, as well as under other systems of imprisonment, hundreds of convicts have been most inhumanly punished, for the innocent exhibition of some eccentricities of conduct during the trying period of their imprisonment, when, upon every principle of humanity, they should have been treated with more than ordinary kindness and compassion. Effects somewhat similar to the above are often, in a greater or less degree, produced by the stagnation of the active powers,

after retirement from a long and energetic business life. The individual having secured a competency for the body, without having laid up any internal resources, finds himself sinking under this new state of mental inertia. Upon the withdrawal of the accustomed stimulus of business, nothing is left to keep up the healthy action of the brain, and melancholy, and, oftentimes, suicide is the result, and from a cause similar to that which operates in the production of delirium tremens.

"Similar effects are not produced upon the mind upon retiring from literary labors and pursuits, and the reason is evident. The literary man carries with him in his retirement a store of food for thought and reflection; and although his activity may be diminished, there yet remains sufficient stimulus to support the brain under its somewhat altered circumstances, until it becomes adapted to them. The minds of literary men, however, sometimes become deranged under circumstances analogous to that form of delirium tremens arising directly from the excessive stimulus of ardent spirits. In both cases the excitability of the brain, from excessive action, becomes exhausted; and in both cases, the worst form of paralysis of that organ is the consequence. In some diseases, also, especially in the malignant form of typhus fever, where there is a sudden loss of the vital powers, a species of delirium ensues, very much resembling delirium tremens, and from which the patient is restored only by the use of the most powerful stimulants.

"Upon a review of facts like those I have now detailed, it is impossible for me to hesitate in condemning the penal system of solitary confinement. Were it preferable in an economical point of view (and the case is widely the reverse), we could not hesitate in deciding the question between economy and humanity."

"While it will be seen from the statistics of this prison, before presented, that the proportion of deranged has fallen from twenty-five per cent. under the solitary system, to *ten* per cent. of new cases, under the present, of solitude by night, with labor in company by day, there is room for improvement, until this opprobrium shall, if possible, be removed by reducing this deplorable evil to its smallest possible compass. This of course will be an object of solicitude with all concerned in the management of the prison."

Richmond Brownell, M.D., the Physician of the prison, states that the general state of health in the institution has been good the past year—only two deaths having occurred. One died of consumption, and one of dropsy of the chest. Several are suffering from disease, although one, No. 56, understood to be Mr. Dorr, has much improved in health since his commitment. Dr. Brownell's report evinces the man of business, who uses no more words than are necessary to express his ideas.

*Dr. Cook's Address.*—At the annual meeting of the Rensselaer County N. Y. Medical Society, in June last, the address was delivered by Simeon A. Cook, M.D., the president. This is a late hour to notice it; but the printed copy we received a few days ago, is the first we have any recollection of seeing.

A synopsis is, perhaps, all that is necessary to give an idea of Dr. Cook's discourse. He congratulates the Society on the diffusion of medical light by the activity of the press. He states that the repeal of an

eminently conservative law of the Empire State, now permits every old woman or horse doctor in the State to prescribe for the sick, and collect a fee for their irresponsible services. Then follows a train of reflections, bespeaking a liberal mind, as democratic as the age demands, showing that the exclusive law, enabling the regular profession, only, to have the aid of the statute book, for collections, is not now needed: the brotherhood, in a word, ask no protection but that of discriminating people. He intimates that degrees are had full easy enough. In consequence of the easy way in which some parchment gentlemen could wedge themselves into the county societies, by virtue of their diplomas, discord was introduced, and instead of being the nurseries of science, as they were of medical police, scenes of discord were often exhibited in these societies. A certain Mr. Scott, better known at home than a thousand miles from it, the champion of the anti-medical legislative party that broke down the old barriers, is handled with delicate severity. Dr. Cook has certainly performed a great operation upon him. In keen satirical arguments, which pin an opponent like a dead fly to the wall, Dr. C. is quite successful, when sufficiently excited to put his mental powers into a state of activity.

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*Diet of Infants.*—A pamphlet reprint, on this subject, from the New York Journal of Medicine, is circulating to good advantage. The author is Dr. James Stewart, of New York, who is good authority in regard to the diseases and diet of children. We noticed the article on its first appearance in the New York Journal, and expected ere this to copy some portion of it into our pages.

While the country is flooded with book directions for feeding and successfully rearing sheep, horses and cattle, it is curious how little is really known, in the common walks of life, about the true method of rearing our children. Hence the melancholy mortality, not only here, but almost everywhere else, in infancy. Were Dr. Stewart's treatise on the diet of children placed in the hands of every physician, or even in every house, both in town and country, it would impart instruction in a branch of hygiene which is exceedingly important.

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*Medical Charity Fund of Lower Canada.*—Reference was recently made, in the Journal, to the late anniversary of the Medical Charitable Association of New York. A similar Society has been organized in Lower Canada, to meet alternately at Quebec and Montreal. The object is to afford relief to distressed physicians, caused by inability to practice, either through age or infirmity; and, also, to relieve the widows and orphans of physicians. With a view to raising a fund to draw upon in after times, the Society proposes not to begin to extend relief till the expiration of ten years from this time. Each member is to pay, yearly, into the treasury, £3, which in ten years will amount to £4558, interest included, provided 100 members are joined. At the end of the ten years there would be at the disposal of the committee of relief, £285, the interest of the capital.

This is a spirited, humane movement, honorable to the profession of Canada. It is strange that the practitioners of Massachusetts, but especially those of Boston, cannot be roused to action in this important mat-

ter. Surely there are enough in active business, who might easily appropriate a small sum annually, for a fund to feed and clothe the unfortunate of their own profession. We have urged the matter so often, that a feeling of discouragement comes over us, and especially when we witness the exertions of others, in every direction, in such a noble charity.

*Pay for Post-mortem Examinations at Inquests.*—At Lancaster, Penn., the dead body of a female being found, the coroner and jury directed an examination to be made, in order that they might have a right understanding of the case. Dr. W. L. Atlee was requested to do it—but when he presented a bill for services, the coroner refused to pay it. Being carried to one of the State Courts, Judge Lewis decided that if a physician is called in by any proper authority, as in that instance, the county was liable for a reasonable payment for his labors. In no State have medical gentlemen rendered more gratuitous service of this onerous kind, than in Massachusetts. No one remembers an instance in which a physician has received a farthing for such *post-mortem* examinations, even when strenuous efforts were made for a reasonable compensation. For years this Journal has urged upon the profession to assert their rights before coroner's juries, and not only demand, but exert themselves to secure the payment of a just remuneration for the important services rendered by them, which most generally lead to the proper decision of an inquest. Dr. Atlee has accomplished a good work, by carrying the question to a higher tribunal than a coroner's pocket. Hereafter, let every physician insist upon a reasonable remuneration for time and labor, and till it is guaranteed to him, from a responsible source, he should remain at home. This is a system we have contended for many years, and we are gratified that the claims of the profession are at last acknowledged somewhere, as they should be.

*Dr. Gibson's Introductory Lecture.*—On the 4th of November, the professor of surgery in the University of Pennsylvania, gave an introductory discourse, which has been published by the class. The doctor is an eminent surgeon, and an able teacher, and his address is such as might be expected from so distinguished a source.

*Medical Appointments in the Navy.*—The Board of Naval Surgeons recently in session at Philadelphia, have approved the following gentlemen, who will receive commissions as Assistant Surgeons:—Bernard Henry, Jr., Rob. T. Maccoun, Wm. A. Harris, Robert E. Wall, W. Sherman, Henry O. Mayo, John Rudenstien, R. F. Mason, Philip Lonsdale, P. B. Belany, Alex. J. Rice, S. A. Paddock, John A. Petit, T. B. Steele, J. F. Harrison and A. N. Bell. On the 7th of October, the Board closed its labors. It is more difficult, says report, to sustain an examination before this commission, than to obtain a doctorate at any university.

*Hunter and Velpeau.*—Cast your eye on that awkward, ill-educated, dull lad, as he emerges from his native hills in Scotland, and comes up to London to seek his fortune. He has no marks of genius about him—

no auguries of future greatness cluster about his person—his manner and personal appearance are rude and repulsive. He arrives at his brother's house in London, and by him is scarcely considered worthy of being put to the study of medicine. But he enters the dissecting room—and now comes forth the hidden and wonderful genius of the man. He seizes the forceps and scalpel—revels in the luxuries of a new world opened to his inquisitive gaze, and with an industry and perseverance far surpassing all those around him, delves into the organization of man. Not content with having mastered human anatomy, he passes on, in a lofty range of inquiry, into the wide stretched regions of comparative anatomy—freely expatiates over the variegated field of animated nature—opens new regions of truth to his admiring contemporaries, and, with stately step, passes on till the heights of renown are scaled, and with unanimous voice he is crowned by the medical profession as the greatest surgeon in ancient or modern times.—Such was John Hunter.

Look yonder in that ancient and opulent city—who is it that claims and receives such deference and homage on all sides? It is the man who came to Paris as a poor rough blacksmith. Issuing from his native village in the province of Loire, on foot, with his slender wardrobe in a bundle fastened to his back, his money gives out. He betakes himself to horse shoeing to refill his slender purse that he may get to the gay and wealthy capital of France. And anon he stands in its thronged streets, yet not as an idler, but as an heroic man determined to win his way by honorable methods to fame and fortune. In Dubois he meets with a generous patron, capable of appreciating worth however obscured by indigence, or depressed by the frowns of a thoughtless world, and by him he is encouraged and aided in his course. With unsubdued tenacity he clings to his purpose—works with indomitable patience day and night, and ere long is advanced, amid the keen rivalry of the concours, from one degree of distinction to another—till from being the interne of a hospital he ascends the highest rank of professional dignity. And now the name of Velpeau is surrounded with as resplendent a halo of glory as that which encircles the exalted names of Louis and Andral, and the once humble artisan bears on his brow the highest honors of the profession, in a great and proud empire.—*Harrison on the Formation of Medical Character.*

*Early Puberty in Greece.*—Mr. Strong, the Bavarian Consul at Athens, in a recent work (*Greece as a Kingdom*, 8vo., London), says—"Nature is so extremely precocious in Greece, that females attain the age of puberty at 10 or 11 years, and men at 15 or 16. Young lads of 16 and 17 are frequently met with in the villages already married and with families. I am acquainted with a lady of one of the first Athenian families, who, though only 25 years of age, has already had sixteen children (eight of them twins), of whom seven are still alive. It may scarcely appear credible in England, but there is now at Athens a venerable grandmamma in the person of a lady not yet 24 years old. She was married when 11 years of age, and had a daughter in the course of a year. That daughter married, also, when scarcely 11, and has just become a mother."

*Foreign Body in the Bronchi of an Infant.*—"An infant, two months old, was on the knee of its mother, who was engaged in cleaning French



beans. Suddenly, it was seized with a convulsive cough, coming on in fits, with intervals of perfect calm. On examination, the face was found pale, with an expression of suffering; respiration difficult, and attended with lifting of the alæ of the nose. No fever, nor any abnormal sounds on auscultation. At the slightest motion a fit of suffocating cough came on, and the child leaned forward and opened its mouth as if to vomit. Various conjectures were advanced as to the nature of the case. Leeches, blisters and emetics were had recourse to. It was thought a foreign body might be present, and the trachea was opened, but none was found. On examination of the body after death, there was found, at the bifurcation of the bronchi, a bean, surrounded by pus and false membrane. The lungs were hepatized."—*Edin. Monthly Journal*.

*Nocturnal Incontinence of Urine.*—"This occurrence," viz., that of passing urine in bed, Sir Charles Bell says, "never takes place but when the boy is asleep upon his back; and the cure is a simple one: he is to accustom himself to sleep upon his face or side; the urine is not passed, nor is he excited to dream of making urine while he keeps this position. "The circumstance is unaccountable, until we reflect on the position of this master-spring of the muscles of the bladder; the sensible spot a little behind and below the orifice of the bladder. When a person lies upon his belly, the urine gravitates towards the fundus; but when he lies on his back, it presses upon this sensible spot, and distends that part of the bladder which is towards the rectum, &c."

*On the Employment of Castor Seeds.*—Castor oil, says M. Soubeiran, is less purgative than the seeds which furnish it. This is because the oil which flows out in the press contains, comparatively, less resin than remains in the residue. M. Mialhe relates various therapeutical results obtained by means of an emulsion, prepared with fresh seeds of castor, which entirely confirmed this opinion; for, with ten grammes of seeds deprived of their shells, there was an emeto-cathartic effect, which continued for three days, neither opiates, cold gaseous drinks, nor cataplasms being able to subdue it. An emulsion prepared with six grammes produced twenty-eight vomitings, and eighteen alvine evacuations. Finally, with a third emulsion, containing only one grain of castor seeds, the emeto-cathartic effect was still very powerful. From these facts M. Mialhe concludes: 1st. That the oleoresinous principle found by M. Soubeiran in castor seeds exists only in very small proportion in the oil of these seeds, whilst the whole of it was found in their emulsion. 2nd. That French castor contains a large proportion of the acrid emeto-cathartic principle belonging to a great number of the plants of the *Euphorbiaceæ*. 3rd. That the emulsion of castor seeds prepared with only twenty, thirty, or fifty centigrammes of these seeds, constitutes, perhaps, the most agreeable purgative of all those at present in use (if, however, the vomitive effect of this emulsion completely ceases when the dose of seed is suitably diminished). Although this latter peculiarity has not yet been proved by clinical observation, it is probable that it is the case: for it is almost certain that the active principle of castor is analogous to, if not identical with, that of croton oil. Now, it is known that this latter oil, which is a simple purgative in the dose of one drop, becomes emeto-cathartic when this small dose is exceeded.—*Bulletin de Therapeutique*.



**Sabine and Juniper Berries in Gout and Rheumatism.**—A countryman had told Dr. Balyn, of Germany, that he was cured of gout by a tea made from the above herbs. Dr. B. himself suffering severely from lumbar rheumatism, took a beverage, composed of bacc. juniper., herb. sabin. et rad. calam. aa 3j., put into a pint of boiling water, and took three cupfuls of it before going to bed. Violent perspiration was produced, and, at the third dose, he felt a darting pain running from the loins through the whole leg, which became insensible, as well as three of the toes. Next morning, he took the fourth cupful, waited till the subsequent perspiration declined, and then rose perfectly recovered. At a subsequent period, the author experienced very great success from the employment of the above remedy in rheumatism and gout. The addition of calamus, he thinks useful for the improvement of digestion.—*London Medical Times.*

**Hysteria.**—Dr. Allnatt narrates a case of severe hysteria with ptosis, caused by a flash of lightning, which he cured by purgatives, tonics, and sea-bathing. The complaint was removed in about a month or six weeks. Dr. Allnatt details the case to urge the necessity of caution in forming a diagnosis, as much injury might have accrued from an erroneous opinion in this case. Cases of hysteria mistaken for inflammatory action, are by no means rare.—*Ibid.*

**Medical Miscellany.**—Dr. Thomas Sewall, of Washington, has had an elegant pair of pitchers presented to him by a rich and grateful patient, who had been under his care.—Dr. Scott, of Greenville, has been elected Speaker of the General Assembly of Virginia.—At Demerara, both scarlet and typhus fevers have been exceedingly fatal, but at the last accounts had somewhat abated. Smallpox was on the increase there.—Dr. James Johnson, the veteran editor of the Medico-Chirurgical Review, is presumed to have retired from that work, as his name has ceased to appear on the covers.—A case is recorded in the London Hospital, where the callus uniting a fractured femur became partially absorbed, in consequence of bad diet, in an Union Workhouse, but by the use of good food and tonics, the patient recovered.

**MARRIED.**—In Jersey City, N. Y., Dr. Joseph H. Gautier, to Miss M. L. Gregory.—At East Brooklyn, N. Y., Dr. James Nightingale, of Patterson, N. J., to Miss Mary Cobb.—At New Brunswick, N. J., Dr. Henry R. Cannon to Miss E. M. Carhart.—At Hazel Ridge Cottage, Howard Co., Mo., Dr. Loring H. Reynolds, of Ky., to Miss J. M. Cleveland.

**DIED.**—At Port Praya, Africa, Dr. Waffley, Surgeon of the U. S. Ship Decatur, in consequence of a fall from a cliff of rocks.—In New York, Dr. S. C. Roe. He dropped dead in the street, from a disease of the heart.

Number of deaths in Boston for the week ending Dec. 14, 29—Males, 14; Females, 15. Stillborn, 1. Of consumption, 3—typhus fever, 4—fits, 2—disease of the lungs, 1—scarlet fever, 4—apoplexy, 1—worms, 1—hooping cough, 1—croup, 2—throat distemper, 1—dropsy on the brain, 1—inflammation of the stomach, 1—old age, 3—inflammation of the bowels, 1—cancer, 1—canker in the bowels, 1—unknown, 2.  
Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 6—over 60 years, 5 (one aged 105 years).

*New Medical Works.*—Messrs. Lea & Blanchard, of Philadelphia, will soon publish the following desirable books:—

Taylor's Medical Jurisprudence, edited, with numerous additions, by Dr. Griffith; in 1 vol., Svo.

Ashwell on the Diseases of Females, edited by Dr. Goddard; in 1 vol., Svo.

Hoblyn's Dictionary of Terms used in Medicine, &c., edited, with additions, by Dr. Hays; in 1 vol., 12mo.

The Principles of Surgery, by James Miller, Professor of Surgery in the University of Edinburgh; in 1 vol., Svo.

Sir Asley Cooper's great work on the Diseases and Structure of the Testis, with his Treatise on the Thymus Gland; the two works in 1 imperial Svo volume, with numerous illustrations in lithography.

Colombat de L'Isere on the Diseases of Females, translated, with many notes and additions, by Professor C. D. Meigs; in 1 vol., Svo., with numerous illustrations.

Williams on the Diseases of the Respiratory Organs, edited by Dr. Clymer; in 1 vol., Svo., with cuts.

Mental Maladies considered in Relation to Medicine, Hygiène and Medical Jurisprudence, by E. Esquirol; translated, with additions, by Dr. E. K. Hunt; in 1 vol., Svo.

Fownes's Manual of Elementary Chemistry, Theoretical and Practical, with additions by the American editor; in 1 vol., 12mo.

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*Russian Mode of Castrating Horses.*—"A Russian who wished to castrate a horse seized him by the thighs and hocks, held him firmly in his nervous grasp, and then, by a sudden movement equally rapid and cruel, tore off the testicles with his teeth, which served him at once for bistoury and instrument of torsion. This extraordinary man required no assistants—no apparatus wherewith to fix the horse before he commenced his strange and cruel operation. He practised it repeatedly, and always with success, and stated that such was the mode in which it was uniformly practised in his native country."—*Veterinarian*.

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*Backward Dislocation of the Carpus.*—David B—, aged 18, admitted under Mr. Scott, Sept. 4th. He had fallen from the mainmast of a brig, and besides having driven in the lower part of the outer wall of the frontal bone, in the situation of the sinus, and dislocated the middle finger of the right hand, had also displaced the left carpus backwards, the dislocation being evidenced by the following symptoms:—lower ends of the radius and ulna prominent, both styloid processes being entire, a marked depression beneath, or, rather, in front of them. Hand partially adducted and thrown backwards; a prominent tumor, formed by the carpus, extending from the level of the radius and ulna backwards, i. e., towards the elbow, for about an inch and a half; a marked depression above the tumor, i. e., towards the elbow; movements of the hand almost lost, there remaining only slight power of extension, none of flexion.

No inconvenient symptom resulted subsequent to reduction, which was effected by making extension from the hand, the elbow being fixed by the knee. The fore-arm and hand were fixed in splints for about three weeks, and he soon after this regained perfect movement of the joint.—*Lancel*.